

**Florida Department of State**  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000070356 3)))



H090000703563ABC/

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (950) 617-6383

From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
Fax Number : (561) 455-9885

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:00

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**LE MACARON LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**G. MCLEOD**

MAR 26 2009

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

09 MAR 25 PM 12:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-09000070356-3

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I      NAME**

The name of the Limited Liability Company is:

LE MACARON LLC

**ARTICLE II      ADDRESS**

The principal office of the Limited Liability Company is:

382 ST ARMAND CIRCLE  
SARASOTA, FLORIDA 34236

The mailing address of the Limited Liability Company is:

3919 SOLYMAR DRIVE  
SARASOTA, FLORIDA 34242FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAR 25 AM 10:00**ARTICLE III      REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

The name and the Florida street address of the registered agent are:

ROSALIE GUILLEM  
3919 SOLYMAR DRIVE  
SARASOTA, FLORIDA 34242

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

X \_\_\_\_\_  
ROSALIE GUILLEM / Registered Agent's signature

7-09000070356-3

PAGE 2 LE MACARON LLC

#-09000070356-3

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
ROSALIE GUILLEM  
3919 SOLYMAR DRIVE  
SARASOTA, FLORIDA 34242

.....  
X \_\_\_\_\_

Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this document constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.

ROSALIE GUILLEM

#-09000070356-3